Daytime Telephone 2013-225-1880 For use by Members, officers, and employees Employing Office: Form A Termination Date: against anyone who files more than A \$200 penalty shall be assessed 30 days late. HAND DELIVERED U.S. (IDUS: TOTAL) 2011 JUL 14 PH 2:4 A LA BECORRECE 

Name **CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT** UNITED STATES HOUSE OF REPRESENTATIVES Filer Status Report Type John I Garannendi Annual (May 16, 2011) House of Representatives Member of the U.S. District: State: Amendmen Employee Officer or

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Termination

the onse.	rered and Yes" respo	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	Yes No	Yes	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
No	Yes 🔀 No	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	No	Yes X No	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
X	Yes	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	S S	Yes	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
<b>₹</b>	Yes	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?  If yes, complete and attach Schedule VII.	No.	Yes	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
8	Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	No U	Yes X	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.

# EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Ύes ᆼ

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

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## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
Cinalio Coulty position Laucanon	A Charles Server 3	5
California Exposition Y State Face	Spouse Salary	83,700
Calfornia Public Employees Retirement System	pensin	11.300
California Legislators Osetivement System	Seusin	18.581
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## SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

lope for transmitting the list is included in each weithder's lilling package.	t		
Source	Activity	Date	Amount
	Speech	Feb. 2, 2010	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2010	\$500
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME **BLOCK A** BLOCK B BLOCK C Name John RGARMEND BLOCK D Page 4 BLOCK E of

### Asset and/or Income Source

the end of the reporting period, and (b) any other .identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

plans) that are self-directed (*i.e.*, plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the value at the end of the reporting period. the name of the institution holding the account ment accounts which are not self-directed, provide account that exceeds the reporting thresholds. For retire For **all IRAs** and other retirement plans (such as 401(k)

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#### Value of Asset

please specify the method used. method other than fair market value reporting year. If you use a valuation Indicate value of asset at close of

generated income, the value should be year and is included only because it If an asset was sold during the reporting

ing the reporting period.

#### Type of Income

gains, even if reinvested, must be that generate tax-deferred income if the asset generated no income durdisclosed as income. Check "None" Dividends, interest, and capital may check the "None" column. (such as 401(k) plans or IRAs), you you to choose specific investments or retirement accounts that do not allow Check all columns that apply. For

as income. Check "None" if no income even if reinvested, must be disclosed Dividends, interest, and capital gains, checking the appropriate box below. indicate the category of income by the "None" column. For all other assets, as 401(k) plans or IRAs), you may check you to choose specific investments or For retirement accounts that do not allow was earned or generated. that generate tax-deferred income (such Amount of Income \$1,000 in exchanges (E) sales (S), or purchases (P) Indicate if the Transaction reporting year. exceeding asset had

account that exceeds the reporting thresholds. For retire-		ı	ı			ı	•		ļ	ı	ļ	L		l		ı		ı		ļ	ı	l	1		I	ļ	1	ł	ł	Ļ	
ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	>	<b>D</b>	<u></u>	<b>O</b>	М	71	മ	I		د											#	<u> </u>	₹ .	<	_ ≰	≦	<b>≦</b>	×	×	<u>×</u> –	If only a portion of an
For rental or other real property held for investment, provide a complete address.																			me)		<u> </u>	<del></del>			·	···		<del></del>		<b>6</b> 5	asset is sold,
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.		·						·	······································	<u> </u>									or Farm Incol		1.3.5				· · · · · · · · · · · · · · · · · · ·		la fia			a =	please indicate as follows: (S) (partial)
Exclude: Your personal residence, including second homes and vacation homes ( <i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.						250,000		1,000,000	\$5,000,000	\$25,000,000	- \$50,000,000	.000					INS	BLIND TRUST	f Income Partnership Income		<u> </u>	<del></del>				37.32		1,000,000	<b>\$5,000,000</b>		See below for example.  P, S.
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.	ne	- \$1,000	001 – \$15	,001 - \$5	,001 – \$1	0,001 - \$	0,001 – \$	0,001 <b>- \$</b>	000,001 –	000,001 <del>-</del>		<b>\$50,000</b>	NE	IDENDS	NT	EREST	PITAL GA	CEPTED/	ner Type o	ne	- \$200	1 - \$1,00	001 - \$2,	501 <b>–</b> \$5,0	001 - \$15	5,001 – \$5	),001 - \$1			ər \$5,000,	m į
For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.						\$1		\$5	\$1	\$5		O	NC	Di	RE	IN	C/	Ð	l	No	- \$1				*******		T		1	0	
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	BLOCK A Asset and/or Income Source							TouchthesarthRand	6348 Goodel Rd	Valley Spings CA	, , 0-			American Funds 40/K	FNOMNT'L INVA	~	Small Capworld A	•									
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Page 5 of 10	BLOCK E Transaction		סר,	тçл																			Adapt				

## **SCHEDULE IV— TRANSACTIONS**

SP, DC, JT resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III. Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that SP house Elapital, Washington De Example: Mega Corporation Common Stock (partial sale) Asset of Transaction **PURCHASE** Type SALE × **EXCHANGE** Check Box if Capital Gain Exceeded \$200 Quarterly, Monthly, or Bi-weekly, if (MO/DAY/YR) 19+-10 applicable 10-12-10 Date \$1,001-\$15,000 > \$15,001-Ø \$50,000 \$50,001-Amount of Transaction O \$100,000 \$100,001-O \$250,000 \$250,001m \$500,000 \$500,001-П \$1,000,000 \$1,000,001-Θ \$5,000,000 \$5,000,001-I \$25,000,000 \$25,000,001-110 \$50,000,000 Over \$50,000,000

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## SCHEDULE V— LIABILITIES

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Page 7 of 1

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

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			TT		SP, DC, JT	
		9 9 9 9 9 9 9	James Aberle	Example: First Bank of Wilmington, DE	Creditor	
			2001	May 1998	Liability Incurred Mo/Year	Data
		V	Mortage.	Mortgage on 123 Main St., Dover, DE	Type of Liability	
			1		\$10,001- \$15,000	
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### SCHEDULE VI— GIFTS

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		

## SCHEDULE V— LIABILITIES

Name John R. Garannendi

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a **charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving

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in	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				×					
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**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)
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## **SCHEDULE VIII—POSITIONS**

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

	 	 			_
				Position	
			Mome	Name of Organization	

## SCHEDULE IX—AGREEMENTS

government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

	California Legislators Adirement System	California Public Employees Belirement system	
penston prigram.	Cont	next system Continued participation in the	